



Talk to your family about your organ donor decision.

**STATE OF NEW HAMPSHIRE  
DIVISION OF MOTOR VEHICLES  
APPLICATION FOR DRIVER'S LICENSE OR I.D. CARD**

(PRINT CAREFULLY)

☐ ORIGINAL ☐ RENEWAL ☐ DUPLICATE ☐ NON-DRIVER I.D. ☐ REPLACEMENT

Reason: \_\_\_\_\_

Are you a United States Citizen? ☐ Yes ☐ No

NAME \_\_\_\_\_  
FIRST MIDDLE LAST

MAILING ADDRESS \_\_\_\_\_ PERMANENT ADDRESS \_\_\_\_\_

TOWN/CITY STATE ZIP TOWN/CITY STATE ZIP

S.S. # \* - - DATE OF BIRTH / / SEX  
MONTH DAY YEAR

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ EYES \_\_\_\_\_ HAIR \_\_\_\_\_

**PLEASE CHECK HERE IF YOU WISH TO BE AN ORGAN DONOR**

**CIRCLE ALL APPLICABLE FEES**

License Type:	Original	Renewal
Operator	\$50.00	\$50.00
Motorcycle Endorsement	\$30.00	\$ 5.00
Motorcycle Only	\$55.00	\$55.00
Motor Driven Cycle	\$55.00	\$55.00
Moped	\$ 8.00	\$ 8.00
Duplicate	\$10.00	\$10.00
Reason: _____		
Non-Driver Identification	\$10.00	\$10.00
<b>TOTAL DUE</b>	<b>\$</b>	

☐ I AM ☐ I AM NOT

A resident of the State of New Hampshire. As a resident, you may be liable for Interest and Dividends Tax (RSA 77). Contact: Dept. of Revenue Admin., P.O. Box 457, Concord, N.H. 03302-0457 Telephone: (603) 271-2191.

☐ I AM ☐ I AM NOT

Required to file proof of insurance by any Jurisdiction because of default suspension or revocation.

**DMV USE ONLY**

PAYMENT METHOD:

☐ CASH ☐ CHECK ☐ CREDIT CARD

**APPLICANT MUST COMPLETE EITHER SECTION "A" OR SECTION "B" BELOW:**

**SECTION A**

☐ I HAVE NOT PREVIOUSLY HELD A DRIVER LICENSE IN THIS OR ANY OTHER STATE OR COUNTRY.

**SECTION B**

I HAVE PREVIOUSLY HELD A DRIVER LICENSE, AS FOLLOWS:

EXACT NAME APPEARING ON PRIOR LICENSE: \_\_\_\_\_

LICENSE WAS HELD IN: STATE/COUNTRY: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_  
MO. DAY YEAR

LICENSE NUMBER: \_\_\_\_\_ CLASS: \_\_\_\_\_

STATE ANY RESTRICTIONS APPEARING THEREON: \_\_\_\_\_

\* Social Security Numbers are being requested under authority of RSA 263:40-a and are being used to check and maintain driver records, to administer child support enforcement laws, and to conduct investigations for law enforcement purposes. Out of state applicants applying for a New Hampshire driver license **MUST** provide their social security number, however, once a license is issued, an individual may request to have his/her social security number removed from his/her department record.

☐ I wish to have my social security number removed from DMV Records, pursuant to RSA 263:40-a (see above).

☐ I do not wish to have my computerized image, likeness, or photograph retained in the records of the Department of Safety, pursuant to RSA 263:40-a.

☐ I wish to have **only** my mailing address appear on my driver's license

☐ I wish to have my social security number displayed on my driver's license

☐ I am 18 years old and consent to registration with the Selective Service System, as required by Federal Law.

I do hereby certify, under penalty of false statement, that I have paid all resident taxes for which I am liable, that, if required, insurance certificates are on file with the Director of Motor Vehicles, and that my driving privileges are not subject to or under disqualification, suspension or revocation by any jurisdiction.

**I do hereby certify that all information I have provided the department is accurate and complete. This application is signed under penalty of unsworn falsification pursuant to RSA 641:3.**

**APPLICANT: COMPLETE THE REVERSE SIDE ALSO.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE